

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10750910 FILING DATE 1-5-04
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
1						
2						
3						
4						
5						
6						
7						
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10						
11						
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13						
14						
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16						
17						
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21	1					
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CID	DEP	CID	DEP	CID	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						